

## **HEALTH CARE REFORM AND THE HEALTH WORKFORCE:**

### **WORKFORCE PROVISIONS INCLUDED IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, P.L. 111-148 (HR 3590)**

The health care reform legislation signed into law by President Obama, the Patient Protection and Affordable Care Act (H.R. 3590) as amended by P.L. 111-152 (H.R. 4872) includes numerous provisions related to the health workforce. These provisions are intended to: improve access by increasing the supply of needed health workers, particularly primary care practitioners; increase efficiency and effectiveness by encouraging systems redesign; address problems of mal- distribution; and improve the quality of care through improved education and training. It also establishes an infra-structure to collect and disseminate better data and information to inform public and private decision making around the supply, education and training and use of health workers.

This paper presents a summary of the health workforce related provisions of the new legislation. Section numbers from the legislation are included to facilitate review of the relevant passages in greater detail. The summary includes the following sections:

- National Health Care Workforce Commission (Page 2)
- Health Workforce Data, Analysis and Planning (Page 3)
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Please note that dollar amounts listed as “authorized” will need to be appropriated by Congress each year.

Prepared by the AAMC Center for Workforce Studies

Questions and comments should be addressed to: [esalsberg@aamc.org](mailto:esalsberg@aamc.org)

Last Updated April 9, 2010

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NATIONAL HEALTH CARE WORKFORCE COMMISSION	Sec. 5101
Objectives	<ul style="list-style-type: none"> <li>- Provide recommendations to Congress and Administration on national health workforce priorities, goals, and policies</li> <li>- Review current and projected health care workforce supply and demand (in consultation with relevant Federal, State and local entities)</li> <li>- Review implementation/performance of the State Health Care Workforce Development Grant Program (<i>Sec. 5102</i>)</li> <li>- Assess education and training activities to determine whether demand for health care workers is being met</li> <li>- Study effective mechanisms for financing education and training for careers in health care</li> <li>- Submit to Congress and Administration an annual report (starting in 2011) that includes:               <ul style="list-style-type: none"> <li>o current supply/demand data and projections;</li> <li>o health care workforce education and training capacity and projections;</li> <li>o implications of Fed policies affecting workforce;</li> <li>o workforce needs of special populations underserved;</li> <li>o recommendations for Title VII and VIII loan repayment and scholarship programs and programs for low-income, minority medical students</li> </ul> </li> <li>- Submit to Congress and the Administration a second separate annual report (starting in 2011) on choice of specified “high priority” areas or other areas as required by the Commission or Congress in the future</li> </ul>
Membership	<ul style="list-style-type: none"> <li>- Appointed by Comptroller General by Sept 30, 2010</li> <li>- Majority of members should not be directly involved in health professions education or practice</li> <li>- 15 members; staggered 3 yr terms</li> <li>- At least 1 representative from each of the following:               <ul style="list-style-type: none"> <li>o Health care workforce and health professionals</li> <li>o Educational institutions (elementary or higher)</li> <li>o Employers</li> <li>o Third-party payers</li> <li>o Individuals skilled in health care services and health economics research</li> <li>o Representatives of consumers</li> <li>o Labor unions</li> <li>o State or local workforce investment boards</li> </ul> </li> <li>- Additional membership requirements:               <ul style="list-style-type: none"> <li>o Combination of professional perspectives</li> <li>o Broad geographic representation</li> <li>o Balance of rural/urban/suburban/frontier perspectives</li> </ul> </li> </ul>

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Staffing/Budget	<ul style="list-style-type: none"> <li>- Executive Director (and other staff as may be required)</li> <li>- Seek assistance and support from appropriate Federal departments and agencies</li> <li>- Works closely with National Center for Health Workforce Analysis (Sec. 5103)</li> <li>- Use existing data but may conduct and award grants/contracts for original research when available data is inadequate</li> <li>- Can submit independent requests for appropriations; enter into contracts</li> <li>- Authorizes “such sums as may be necessary”</li> <li>- <i>Sec.5101</i></li> </ul>
<b>HEALTH WORKFORCE DATA, ANALYSIS AND PLANNING</b>	
<b>Health Workforce Information and Program Assessment</b>	<ul style="list-style-type: none"> <li>- Establishes National Center for Health Workforce Analysis in HHS and authorizes state and regional centers</li> <li>- The Centers will collect, analyze and report data</li> <li>- Develops comprehensive information describing and analyzing the health workforce and workforce related issues;</li> <li>- Develops performance measures and benchmarks for and annually evaluate the Title VII programs; and establish/maintain public registry of Title VII grants and a database for longitudinal performance data</li> <li>- Directs the Secretary to supplement grants to Public Health Service Act (PHSA) awardees for longitudinal evaluation of individuals who have received education, training or financial assistance through the Act</li> <li>- Authorizes \$7.5M/yr for the National Center through FY 2014</li> <li>- Authorizes \$4.5/yr for State/Regional Centers through FY 2014</li> <li>- Authorizes “such sums as may be necessary” for longitudinal evaluation</li> <li>- Directs COGME to develop, publish, and implement performance measures and recommend appropriations levels for relevant PHSA programs</li> <li>- <i>Sec. 5103</i></li> </ul>
<b>Health Workforce Development Grants</b>	<ul style="list-style-type: none"> <li>- Administered by HRSA in consultation with National Health Care Workforce Commission.</li> <li>- Eligible grantees: partnerships of a state workforce investment board and specified mix of higher education institutions and state education agencies</li> <li>- One year <u>planning grants</u> of up to \$150,000 with a 15% matching requirement to states to analyze health care labor markets; identify current and projected needs; and identify short and long-term workforce development strategies; identify existing Federal, State, and private resources for health workforce recruitment, education, training, and retention (authorized at \$8M)</li> <li>- Up to 2 year <u>implementation grants</u> with a 25% State match for previous planning grant awardees to encourage regional partnerships and promote innovative workforce pathway activities</li> <li>- Authorized at \$150M for FY 2010 and such sums as necessary in subsequent years</li> <li>- <i>Sec. 5102</i></li> </ul>

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PRIMARY CARE RELATED PROVISIONS	
<b>National Health Service Corps</b>	<ul style="list-style-type: none"> <li>- Increases authorized funding from \$320M in FY2010 to \$1.15B in FY2015, and authorizes out-year increases commensurate to the percentage increase in Health Professionals Shortage Areas (HPSAs) and the cost of health professions education</li> <li>- <i>Sec. 5207</i></li> <li>- New CHC Fund with mandatory funding for NHSC over the FY2008 appropriated level (\$124M), from \$290M in FY2011 to \$310M in FY2015</li> <li>- <i>Sec. 10503</i> Allows for half-time service waivers under two different scenarios: <ul style="list-style-type: none"> <li>o Double the period of service</li> <li>o Receive 50% of amount otherwise payable</li> </ul> </li> <li>- Increases the annual loan repayment award maximum from \$35,000 to \$50,000, including possible inflationary increases starting in FY2012</li> <li>- Teaching can count for up to 20% of the NHSC clinical practice service obligation and teaching under the new “teaching health center graduate medical education program” can count for up to 50% of the NHSC clinical practice service obligation</li> <li>- <i>Sec. 5508 as amended by Sec. 10501</i></li> </ul>
<b>Medicare Incentive Payment to PCPs</b>	<ul style="list-style-type: none"> <li>- Establishes 10% bonus payment for primary care services provided by family physicians, general internists, geriatricians, and pediatricians whose Medicare charges for office, nursing facility, and home visits comprise of 60% of their total Medicare charges.</li> <li>- The bonus for primary care would start 2011 and continue for five years.</li> <li>- <i>Sec. 5501</i></li> </ul>
<b>Increased Medicaid Payments to PCPCs</b>	<ul style="list-style-type: none"> <li>- Sets Medicaid payments for primary care services performed by PCPs (FPs, IMs and Pediatricians) at no less than 100% of the Medicare rate in 2013 and 2014;</li> <li>- The federal government covers the cost of the higher payments.</li> <li>- <i>Sec. 1202 of H.R. 4872</i></li> </ul>
<b>Primary Care Extension Program</b>	<ul style="list-style-type: none"> <li>- Establishes a primary care extension program through AHRQ which provides grants to establish “State Hubs” and local extension agencies</li> <li>- Grantees support local primary care physicians with the implementation of medical home, evidence based medicine, and improved community health</li> <li>- Authorized \$120M/yr for FY11 and FY12, and such sums as necessary FY13 and 14; grantees must develop a plan for financial sustainability once Federal funding decreases (after initial 6-year period)</li> <li>- <i>Sec. 5405</i></li> </ul>

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<b>Medical Homes: Medicare</b>	<ul style="list-style-type: none"> <li>- Support for medical homes under Medicare</li> <li>- Creates a program to establish and fund the development of community health teams to support the development of medical homes for persons with chronic conditions by increasing access to comprehensive, community based, coordinated care. (Eligible recipients are limited to states and state-designated entities)Physicians, nurse practitioners and other primary care providers can participate in community health teams</li> <li>- Establish pilot program by January 1, 2013; expand program, if appropriated by January 1, 2016</li> <li>- <i>Sec. 10321</i></li> <li>- <i>Sec. 3502</i></li> </ul>
<b>Medical Homes: Medicaid</b>	<ul style="list-style-type: none"> <li>- Provides State (eff. Jan 1, 2011) option of enrolling Medicaid beneficiaries with chronic conditions into a health home.</li> <li>- Health homes would be composed of a team of state-designated health professionals and would provide a comprehensive set of medical services, including care coordination</li> <li>- Funding for planning grants not to exceed \$25M</li> <li>- Provides states taking up the option with 90 percent FMAP for two years</li> <li>- <i>Sec. 2703</i></li> </ul>
<b>Grants to develop/expand primary care residency programs</b>	<ul style="list-style-type: none"> <li>- Amends Title VII primary care training grants (FM, IM, Peds)</li> <li>- Priority for applicants that demonstrate the following: support programs that focus on the medical home innovative teaching methods; formal relationships with FQHCs, rural health clinics, or AHECs history of graduates in primary care or in underserved areas, among other items.</li> <li>- Awards for five years;</li> <li>- Authorizes \$125M for 2010 plus such sums as necessary through FY 2014 with 15% of funds allocated for PA programs; \$750K/yr for integrating academic administrative units</li> <li>- Includes need-based traineeships and fellowships among other allowable uses</li> <li>- <i>Sec. 5301</i></li> </ul>
<b>Teaching Health Centers</b>	<ul style="list-style-type: none"> <li>- Establishes “Teaching Health Centers” (THCs) for training of primary care residents in Community Health Centers and other settings</li> <li>- Establishes THCs under Title VII of the Public Health Service Act</li> <li>- Authorizes <u>development grants</u> under Title VII to establish or expand THCs and authorizes \$25M for FY 2010; \$50M/yr for FY 2011 and FY 2012 then such sums as necessary for development grants</li> <li>- Also authorizes and appropriates such sums as necessary <u>for direct and indirect costs of training residents</u> up to \$230M for FYs 2011-2015 under Title III of the PHSA for payments to qualified THCs</li> <li>- <i>Sec. 5508</i></li> </ul>

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<b>Revised HRSA Health Professions Student Loan Guidelines</b>	<ul style="list-style-type: none"> <li>- Revises required length of service in primary care to a maximum of 10-years including training</li> <li>- Decreases the non-compliance interest rate penalty from 18 percent to 7 percent</li> <li>- Includes a Sense of the Congress that repaid funds will be used to further support the loan program</li> <li>- Amends the student loan guidelines to not require parental financial information</li> </ul> <p><i>Sec. 5201</i></p>
<b>Loan Repayment Tax Exclusion</b>	<ul style="list-style-type: none"> <li>- Excludes from an individual's gross income for tax purposes those funds received for NHSC loan repayment, state loan repayment, or loan forgiveness programs that are intended to increase the availability of health care services in HPSAs or underserved areas</li> <li>- Effective for repayments received beginning in 2010</li> <li>- <i>Sec. 10908</i></li> </ul>
<b>Geriatric Workforce Development</b>	<ul style="list-style-type: none"> <li>- Amends Title VII of PHSA to award grants to Geriatric Education Centers (GECs) to develop CME fellowships, with \$10.8M authorized for period between FYs 2011-2014</li> <li>- Establishes Geriatric Career Incentive Awards for non-physician providers with \$10M/yr authorized for FY 2011-2013</li> <li>- Expands eligibility beyond physicians for Geriatric Academic Career Awards</li> <li>- Amends the Title VIII Comprehensive Geriatric Education program</li> <li>- <i>Sec.5305</i></li> </ul>
<b>Rural Physician Training</b>	<ul style="list-style-type: none"> <li>- Amends Title VII to establish a grant program for medical schools to establish, improve, or expand "rural-focused" education and training meeting certain criteria, including recruiting students likely to practice in rural communities.</li> <li>- Authorizes \$4M per year FYs 2010-13;</li> <li>- <i>Sec. 10501(l)</i></li> </ul>
<b>Distribution of Medicare GME positions</b>	<ul style="list-style-type: none"> <li>- 65% of unused residency slots under cap will be redistributed in application process determined by the HHS Secretary</li> <li>- Rural hospitals with fewer than 250 beds exempted from returning unused positions</li> <li>- 75% of the redistributed positions must be for primary care or general surgery</li> <li>- During first five years, recipients can not have a drop in primary care residencies</li> <li>- Priority goes to hospitals: in states with low resident/pop ratio (70%); in states with high number of people in HPSAs and/or located in rural area (30%)</li> <li>- No hospital may receive more than 75 slots;</li> <li>- Maintains current IME adjustment for redistributed positions</li> <li>- <i>Sec. 5503</i></li> </ul>
<b>School-Based Health Centers</b>	<ul style="list-style-type: none"> <li>- Provides comprehensive primary care for children</li> <li>- Targets high needs areas, and gives preference to sites serving high Medicaid/CHIP population</li> <li>- Separate grants for establishment and operation of School-Based Health Centers</li> <li>- Appropriates \$50M per year (FYs 2010-2013) for establishment grants and authorizes such funds as necessary (FYs 2010-2014) for operating grants (20 percent non-federal match requirement)</li> <li>- <i>Sec 4101</i></li> </ul>

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<b>Nurse Managed Health Clinics (NMHC)</b>	<ul style="list-style-type: none"> <li>- Advance Practice nurse (APN) managed primary care and wellness programs serving vulnerable or underserved pop</li> <li>- NMHC must be affiliated with associated with a school, college, university or department of nursing, CHC, or independent nonprofit health or social services agency</li> <li>- APN must be part of executive mgmt of NMHC</li> <li>- Provide services without regard to income or insurance status of patient</li> <li>- Community advisory committee with a majority of members served by the NMHC</li> <li>- Authorized \$50M for 2010, and such funds as necessary for 2011-2014</li> <li>- <i>Sec. 5208</i></li> </ul>
<b>Independence at Home Demonstration Program</b>	<ul style="list-style-type: none"> <li>- Demonstration program for chronically ill Medicare beneficiaries to test a payment incentive and service delivery model that utilizes physician and nurse practitioner directed home-based primary care teams; Effective Jan 1, 2012</li> <li>- \$5M for each of FYs 2010-2015 transferred from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund to the Secretary for the CMS Program Management Account <i>Sec. 3024</i></li> </ul>
<b>PUBLIC AND COMMUNITY HEALTH</b>	
<b>Public Health Workforce Loan Repayment</b>	<ul style="list-style-type: none"> <li>- Loan Repayment up to \$35K in exchange for public health professional that works in a Federal, State, local, or tribal public health agency for a minimum of 3 years upon graduation (with additional incentive payments for working in "priority service areas" as determined by the Secretary</li> <li>- Established within Title VII;</li> <li>- Authorized at \$195M for FY 2010 and such funds as necessary FY 2011-15</li> <li>- <i>Sec. 5204</i></li> </ul>
<b>Mid-Career Public and Allied Health Scholarships</b>	<ul style="list-style-type: none"> <li>- Mid career training scholarships for public health and allied health (50% public health, 50% allied health)</li> <li>- Authorized at \$60M</li> <li>- <i>Sec. 5205</i></li> </ul>
<b>Public Health Sciences Track and the Commissioned Corps</b>	<ul style="list-style-type: none"> <li>- Establishes a Public Health Sciences Track under PHSA Title II at academic health centers in regions determined by the Surgeon General in consultation with the National Health Care Workforce Commission.</li> <li>- Shall be organized to graduate 150 medical students annually; 100 dental; 250 nursing;100 public health;100 behavioral and mental health;100 PA or NP; 50 pharmacy</li> <li>- Participants receive tuition/tuition remission and a stipend and must agree to complete a residency/internship in a specialty determined appropriate by the Surgeon General and to provide 2 years of service in the Commissioned Corps for each year of education (period of obligated service reduced under specified circumstances).</li> <li>- Directs the Secretary to transfer "such sums as may be necessary" from the Public Health and Social Services Emergency Fund</li> <li>- <i>Sec. 5315</i></li> </ul>

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<b>Public Health Fellowships</b>	<ul style="list-style-type: none"> <li>- Title VII amended to authorize HHS Sec to expand CDC fellowship programs in epidemiology (\$5M), lab science (\$5M), public health informatics (\$5M) and epidemic intelligence service (\$24.5M)</li> <li>- <i>Sec. 5314</i></li> </ul>
<b>Preventive Medicine and Public Health Training Grant Program</b>	<ul style="list-style-type: none"> <li>- Reauthorizes grant program for preventive medicine and public health residencies under Title VII</li> <li>- Increases authorization to \$43 M in 2011 and such funds as may be necessary for FY 2012-15</li> <li>- <i>Sec. 10501(m)</i></li> </ul>
<b>NURSING PROVISIONS</b>	
<b>Family Nurse Practitioner Training Programs</b>	<ul style="list-style-type: none"> <li>- Demonstration program: 3-year grants to FQHCs and Nurse Managed Health Centers for 1 year training program for primary care NPs</li> <li>- Grants up to \$600,000 per year</li> <li>- Authorized to appropriate such funds as necessary for FYs 2011-2014</li> <li>- <i>Sec. 10501</i></li> </ul>
<b>Nurse Faculty Loans and Loan Repayment</b>	<ul style="list-style-type: none"> <li>- Public Health Service Act (PHSA) amended to increase max loan from \$30K to \$35,500; adjusted for cost of attendance increases after 2011</li> <li>- Repayment recipient must serve as full-time faculty of accredited school of nursing for at least 4 years</li> <li>- Repayment for Masters or equivalent: up to \$10K/yr; Max \$40K total</li> <li>- Repayment for doctorate or equivalent: Up to \$20K/yr; Max \$80K total</li> <li>- Authorizes such sums as may be necessary</li> <li>- <i>Sec. 5311</i></li> </ul>
<b>Nurse Student Loans</b>	<ul style="list-style-type: none"> <li>- Amends PHSA to increase loan amounts;</li> <li>- <i>Sec. 5202</i></li> </ul>
<b>Workforce diversity grants for nurse training</b>	<ul style="list-style-type: none"> <li>- PHSA workforce diversity grants amended to include stipends for diploma or assoc degree nurses to enter a bridge or degree completion program for accelerated nursing programs.</li> <li>- <i>Sec. 5404</i></li> </ul>
<b>Graduate Nurse Education Demonstration Program</b>	<ul style="list-style-type: none"> <li>- Grants to five eligible hospitals to support developing or expanding Advanced Practice Nursing training program</li> <li>- Established under Medicare</li> <li>- Appropriates \$50M/yr FYs 2012-15</li> <li>- Eligible hospitals must have written agreements in place with 1 or more schools of nursing and 2 or more non-hospital community-based settings</li> <li>- Requires half of training to occur in non-hospital, community-based setting, but can be waived for hospitals in rural or underserved areas.</li> <li>- <i>Sec. 5509</i></li> </ul>



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<b>Nurse career ladder and retention grants</b>	<ul style="list-style-type: none"> <li>- New grants to improve the retention of nurses through training, education, and career development programs</li> <li>- New grants to enhance patient care delivery systems by enhancing communication and promoting nurse involvement in organizational and clinical decision-making processes of a health care facility</li> <li>- Authorizes “such sums as may be necessary” for FYs 2010-12</li> <li>- <i>Sec. 5309</i></li> </ul>
<b>OTHER HEALTH WORKFORCE PROVISIONS</b>	
<b>Reauthorize the Title VII AHEC program</b>	<ul style="list-style-type: none"> <li>- Reauthorizes AHECs with grants to maintain and improve existing AHECs</li> <li>- <i>Sec. 5403</i></li> </ul>
<b>Pediatric Subspecialty Loan Repayment Program</b>	<ul style="list-style-type: none"> <li>- New Title VII pediatric specialty loan repayment program of up to \$35K/year for min 2 yrs service in underserved area</li> <li>- Max 3 years of loan repayment</li> <li>- \$30M/yr authorized for pediatric medical subspecialists and pediatric surgical specialists</li> <li>- \$20M/yr authorized for child and adolescent mental and behavioral health, includes licensed psychologists, social workers</li> <li>- Secretary defines shortage areas</li> <li>- <i>Sec. 5203</i></li> </ul>
<b>Medicare Incentive Payment to General Surgeons</b>	<ul style="list-style-type: none"> <li>- Establishes 10% bonus payment for “major surgical procedures” performed in a HPSA by general surgeons</li> <li>- The bonus for surgeons would start 2011 and continue for five years.</li> <li>- <i>Sec. 5501</i></li> </ul>
<b>Pain Care Education and Training</b>	<ul style="list-style-type: none"> <li>- Allows grants through Title VII for pain care education and training</li> <li>- Authorized such sums as necessary for each of FYs 2010 - 2012</li> <li>- <i>Sec. 4305(c)</i></li> </ul>
<b>Health Care Professionals Training for Diversity</b>	<ul style="list-style-type: none"> <li>- Reauthorizes Title VII Centers of Excellence, Scholarships for Disadvantaged Students, Health Careers Opportunity Program, and Faculty Loan Repayment Program;</li> <li>- Faculty Loan Repayment Program (FLRP): Increases max award to \$30k;</li> <li>- Scholarships for disadvantaged students: increases authorized funding <ul style="list-style-type: none"> <li>o \$37M to \$51M in FY 2010; such sums as necessary thru 2015</li> </ul> </li> <li>- Health Careers Opportunity Program: authorizes \$60M in FY 2010 and such sums as necessary to FY 2014</li> <li>- <i>Sec. 5402</i></li> </ul>
<b>Cultural Competency, Prevention, Disabilities Training</b>	<ul style="list-style-type: none"> <li>- Directs Secretary to support development, evaluation, and dissemination of curricula for cultural competency, public health, and disabilities</li> <li>- <i>Sec. 5307</i></li> </ul>

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<b>Interdisciplinary Innovations</b>	<ul style="list-style-type: none"> <li>- Establishes Title VII grant program to support distance learning, continuing education, collaborative conferences, with priority for primary care</li> <li>- <i>Sec. 5403(b)</i></li> </ul>
<b>Expanding Physician Assistants' Role in Medicare</b>	<ul style="list-style-type: none"> <li>- Authorizes PAs working in collaboration with physicians to order post-hospital extended care services</li> <li>- Effective January 1, 2011.</li> <li>- <i>Sec. 3108</i></li> </ul>
<b>Allied Health Workforce</b>	<ul style="list-style-type: none"> <li>- Higher Education Act amended to include an Allied Health Workforce Recruitment and Retention Program</li> <li>- <i>Sec. 5205</i></li> </ul>
<b>Dentistry Training</b>	<ul style="list-style-type: none"> <li>- Expand dentistry training programs under Title VII independently from primary care medicine program</li> <li>- Includes faculty loan repayment in exchange for service as faculty</li> <li>- Authorized \$30M for FY 2010, and such sums as necessary for FYs 2011-15</li> <li>- Five-year awards</li> <li>- <i>Sec. 5303</i></li> </ul>
<b>Alternative dental providers in rural/underserved areas</b>	<ul style="list-style-type: none"> <li>- 15 grants to programs that train, or employ, alternative dental health care providers in rural/underserved areas</li> <li>- Minimum \$4M per 5-year grant</li> <li>- Authorizes such sums as necessary</li> <li>- <i>Sec. 5304</i></li> </ul>
<b>Mental and Behavioral Health Education and Training</b>	<ul style="list-style-type: none"> <li>- Authorizes grants under Title VII (FY 2010-13) to institutions to recruit students and support educational and clinical training in: Social Work (\$8M), Graduate psychology (\$12M), Child and Adolescent professional work (\$10M); Child and Adolescent paraprofessional work (\$5M)</li> <li>- <i>Sec. 5306</i></li> </ul>
<b>Mental Health Services</b>	<ul style="list-style-type: none"> <li>- For 2010, Medicare will increase payment for psychotherapy services by 5%</li> </ul>
<b>Community Health Workforce – Behavioral Outreach</b>	<ul style="list-style-type: none"> <li>- CDC grants for community health workers to promote positive health behaviors and outcomes in medically underserved areas.</li> <li>- Recipients encouraged to: <ul style="list-style-type: none"> <li>- 1) collaborate with academic institutions and one-stop delivery systems;</li> <li>- 2) implement a payment system that rewards workers for connecting population with appropriate services</li> </ul> </li> <li>- Funding is “sums as may be necessary” FY 2010-14</li> <li>- <i>Sec. 5313</i></li> </ul>
<b>Patient Navigator Program</b>	<ul style="list-style-type: none"> <li>- Reauthorizes demonstration programs to provide patient navigator services within communities to assist patients overcome barriers to health services. -- Assists community organizations in helping individuals receive better access to care, information on clinical trials, and conduct outreach to health disparity populations.</li> <li>- <i>Sec. 3510</i></li> </ul>

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<b>Demonstration Project to Provide Low Income Individuals with Support for Health Professions Training</b>	<ul style="list-style-type: none"> <li>- Grantees provide support to low-income individuals to enter health profession training in shortage fields and/or in high demand professions</li> <li>- Also develops training and certification programs for home care aides in 6 states.</li> <li>- Appropriates \$85M/year for FYs 2010-2014, \$5M per year (FY 2010-2012) is allocated for the personal and home care aide demonstration</li> <li>- <i>Sec. 5507</i></li> </ul>
<b>Tuition Assistance for Direct Care Workers</b>	<ul style="list-style-type: none"> <li>- Funding for training programs for tuition assistance for students</li> <li>- Individuals receiving the assistance must agree to practice in geriatrics, disability services, long term or chronic care mgmt for min of 2 yrs.</li> <li>- Authorizes \$10M for the period of FY 2011-2013</li> <li>- <i>Sec. 5302</i></li> </ul>
<b>COMMUNITY HEALTH CENTERS AND FQHCs</b>	
<b>Community Health Centers</b>	<ul style="list-style-type: none"> <li>- Establishes CHC Fund for enhanced funding for CHCs and the National Health Service Corps</li> <li>- The Secretary can provide increases of up to \$1B in FY 2011 to \$3.6B in FY 2015</li> <li>- \$1.5B for construction and renovation of CHCs</li> <li>- <i>Sec. 10503 as modified by Sec. 2303 of P.L. 111-152</i></li> </ul>
<b>Development of Prospective Payment System for FQHCs</b>	<ul style="list-style-type: none"> <li>- Eliminates current cap and replaces with new funding mechanism based on cost</li> <li>- Initial payments must be for 103% of what payments would be if new system not implemented; then new system rates will be applied for future years.</li> <li>- Begins on or after 10/14</li> <li>- <i>Sec. 5502</i></li> </ul>
<b>Funding for FQHC</b>	<ul style="list-style-type: none"> <li>- Authorizes funding to support FQHCs from \$3B in 2010 to \$8B in 2015 with formula for future increases</li> <li>- Specifies CHCs can contract with rural clinics, critical access hospitals, and sole community hospitals for delivery of primary care services if they use a sliding scale for low-income pts.</li> <li>- <i>Sec. 5601</i></li> </ul>

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OTHER RELATED PROVISIONS OF INTEREST	
<b>Administrative Simplification</b>	<ul style="list-style-type: none"> <li>- National rules will be developed and implemented between 2013 and 2018 to standardize and streamline health insurance claims processing requirements.</li> <li>- <i>Sec. 1104</i></li> </ul>
<b>Support of State Alternatives to Current Medical Tort Litigation</b>	<ul style="list-style-type: none"> <li>- Grants to states for demos</li> <li>- Secretary shall contract for evaluation of effectiveness</li> <li>- <i>Sec. 10607</i></li> </ul>
<b>Extend Med Malpractice Coverage to Free Clinics</b>	<ul style="list-style-type: none"> <li>- Add employees, board members and contractors of free clinics to eligibility for federal medical malpractice coverage</li> <li>- <i>Sec 10608</i></li> </ul>
<b>Establishment of CMS Center for Medicare and Medicaid Innovation</b>	<ul style="list-style-type: none"> <li>- Establishes within CMS a Center for Medicare &amp; Medicaid innovation to research, develop, test, and expand innovative payment and delivery arrangements including Health Care Innovation Zones (HIZs) to improve the quality and reduce the cost of care provided to patients in the program.</li> <li>- Effective January , 2011</li> <li>- <i>Sec. 3021</i></li> </ul>
<b>Medicare Shared Savings Program: Accountable Care Organizations (ACOs)</b>	<ul style="list-style-type: none"> <li>- Establishes a program to share savings with ACOs that take responsibility for the cost and quality of care and the design of services for a patient population covered by the Medicare program. ACOs can include groups of health care providers including physician groups, hospitals, nurse practitioners, physician assistants and other.</li> <li>- Establishes requirements for ACOs to participate in the shared savings program</li> <li>- Effective January 1, 2012</li> <li>- <i>Sec. 3022</i></li> </ul>
<b>Negotiated Rulemaking for Methodology of Designation of HPSAs and Medically Underserved Pop</b>	<ul style="list-style-type: none"> <li>- Requires negotiated rulemaking for methodology and sets a timeline for reports and publications.</li> <li>- Requires consultation with relevant stakeholders, and to take into account: <ul style="list-style-type: none"> <li>o data quality and availability;</li> <li>o impact on communities and other safety net providers,</li> <li>o ease of applying for the designations, and</li> <li>o extent to which the methodology addresses barriers to seeking care.</li> </ul> </li> <li>- <i>Sec. 5602</i></li> </ul>
<b>Geographic Variations</b>	<ul style="list-style-type: none"> <li>- Creates a new “value-based payment modifier” for physician payments. The modifier is separate from the geographic adjustment factors ; Starting in 2015, will provide differential payments based on the quality and cost of care</li> <li>- The payment adjustments are budget neutral</li> <li>- <i>Sec. 3007</i></li> </ul>

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<b>Ready Reserve Corps</b>	<ul style="list-style-type: none"> <li>- Authorizes additional Commissioned Corps subject to call to active duty by Surgeon General during crises and for service in isolated and medically underserved communities</li> <li>- \$5M for recruitment and training; \$12.5M for Ready Reserve Corps</li> <li>- <i>Sec. 5210</i></li> <li>- Eliminates existing cap on commissioned corps;</li> <li>- <i>Sec. 5208</i></li> </ul>
<b>Demo to Provide Access to Affordable Care</b>	<ul style="list-style-type: none"> <li>- Three year demonstration</li> <li>- Grants of up to \$2M to up to 10 states to provide access to comprehensive care to the uninsured at a reduced rate</li> <li>- <i>Sec. 10504</i></li> </ul>
<b>Trauma Centers</b>	<ul style="list-style-type: none"> <li>- Authorizes funds to states to award grants to improve access to trauma centers and services</li> <li>- Amends grant programs to support trauma centers</li> <li>- 40% for safety net trauma centers</li> <li>- Authorizes \$100M/yr in 2010-2015</li> <li>- <i>Sec. 1281</i></li> </ul>
<b>Prevention and Public Health Fund</b>	<ul style="list-style-type: none"> <li>- Establishes Prevention and Public Health Fund to increase funding for Public Health Service Act prevention, wellness, and public health activities and programs including prevention research and health screenings, such as the Community Transformation grant program, the Education and Outreach Campaign for Preventive Benefits, and immunization programs.</li> <li>- Authorizes \$500M for FY 2010, increasing to \$2B per year for FY 2015 and beyond</li> <li>- <i>Sec. 4002</i></li> </ul>